

SCHOOL BUS DELIVERY EXPENSE CLAIM

School District Name and No. _____

Bus No. or Identification No. _____

Name of Person Delivering Bus _____

Dates of Travel _____

TRAVEL TO FACTORY – Non-Reimbursable Expense

TRAVEL FROM FACTORY TO DISTRICT – Reimbursable

MOTEL - Expense for one person. \$ _____
Limit to \$60.00 per night @ 500 miles per day.

If the driver has spouse and/or family with them, he/she is expected to get a quote for a room for one person and charge only that portion of the total motel expense towards delivery expense. The number of nights reimbursed will be based on reasonable travel time directly from the factory to the district.

MEALS - For one person. \$ _____

Meals will be reimbursed on a per diem basis not to exceed current state regulations. The number of day's meals will be reimbursed based on travel time per day directly from the factory to the school district.

MILEAGE EXPENSE - Total miles traveled from factory to district. _____ \$ _____

Mileage expense will be made only for a direct route from the factory to the district at current State Board of Examiners rate. The practice of adding extra mileage to a district-owned vehicle for vacation purposes is not condoned.

DRIVER SALARY - (_____ hours @ _____ per hour.) \$ _____
For Non-Salaried Employee Only

Reimbursement for driver wages will be based on the present rate of pay or pro-rated salary and reasonable travel time directly from the factory to the district. Wages claimed on this form shall not be claimed on the Pupil Transportation Reimbursement Claim.

TOTAL COST OF DELIVERY: \$ _____

I certify that the above statements and financial information are true and correct to the best of my knowledge and belief.

Signature of Delivery Driver: _____ **Date** _____

I certify that the above statements and financial information are true and correct to the best of my knowledge and belief. I also certify that the driver salary claimed on this delivery expense claim form will not be included in driver wages (line 1) of the Pupil Transportation Reimbursement Claim.

Signature of Superintendent: _____ **Date** _____

Note: Please retain all documentation supporting costs claimed.